J S Department of Labor Office of Labor-Management Standards Washington, EC 20210

For Official Use Cnly

PO Box, Bldg , Room No , if any

City RAMOUA

5 Position in labor organization

State

Street 500 Quapau Auc

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

ZIP Code + 474115-7464

This report is mandatory under PIL 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

E (231523	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
1 File Number U-63111	2. Fiscal Year Covered From:  OL OL OY Through: 13 / 31 / 04
3 Name and address of person filing Name Bill R Eden	

P.O. Box, Building and Room Number, if any

TulsA

Street 2908 N. HARVARD AUC.

Business Manager

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6 Name and address of Employer (including trade name if any).		7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any					
PO Box, Bldg Room No , fany		7.b. Amount.			
Street					
City					
State	ZIP Code + 4				

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)				
Signed Bieg R Ede	On <u>1-13-05</u>	418-836 0436 E35 14 Telephone Number		

Signature

15. Signature and verification. The undersigned cectares under penalty of Perjury and other applicable penalties of the law, that all of the information

Name of Person Filing Bull R Ede J	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any)  Name PiPefricas Local 430 Hearith and Welfare  Fund  Trade Name, if any.  P.O Box Bidg, Room No., if any  Street J908 N. Harvand Ave.  City Tulia  State  ZIP Code - 4	9. Business deals with:  (a. Labor Organization)  b. Trust  c. Employer			
10. If 9 b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any  P O Box Bldg Room No , if any	11.a. Nature of such dealing.  Local renton Negotiates Contracts  And Afrec ments with Signatury  Contractors. Requiring Contributions  To Employing Benefit Funds.			
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing. UNKNOWN  12.a. Nature of interest hald or income received.  06/16/04  McA/ =OR WNION TRUSTER AT			
	Chalkboard, Tuls A.O.K.  12.b. Amount. 28.86			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14.a. Nature of payment.			
Trade Name, if any				
PO Box Bldg Room No . if any				
Street				

14.b. Amount of payment.

13 b is the Business an Employer

ZIP Ccd€ + 4

or Consultant

7

City

State